' File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319

Reset Form

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Osler for Sheriff Committee	•			FURM	
1)Statewide/Legislative/Judge St	of committee you are reporting for: tanding for Retention Candidate () County Candidate (6) City Cand	2)State PAC (3)State Party	-	DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
Subdivision Candidate (8)County 1)Local Ballot Issue	y PAC (9) City PAC (10) School	Board or Other Political Subdivision Pa	AC (For Office Use On	
CANDIDATE COMMITTEES (ONLY:		=={	Comm. #	
Candidate Name		Political Party (if applicable)		Logged In Scanned	
Mike Osler		Republican		Computer	
Office Sought Sheriff		District (if Senate or House)		Audited	
IGNATURE OF PERSON FILE	MG REPORT	rsuant to Iowa Code sections 68B.3 7/2 - 329-8460 TELEPHONE	•	5/16/ DATE SI	08 GNED
M FILING A May 19, 200	08	REPORT FOR (1) ELECTIO	N /(2)NOI	N-ELECTION YEA	\₽
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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF
Osler for Sheriff Committee		ADING I OKNI

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOF FUND- RAISER INCOME
3/15/08	ID# CK#	Donald Schoening 24487 Barrus Road Glenwood, IA 51534		\$100.00	INCOME
3/15/08	ID# CK#	Chad McCollester 53469 275th Street Silver City, IA 51571		\$250.00	
3/22/08	ID# CK#	Laurie McClemons 1609 Hancock Street Bellevue, NE 68005	Sister	\$500.00	
3/22/08	ID# CK#	Spencer Osler-White 1609 Hancock Street Bellevue, NE 68005	Nephew	\$500.00	
3/22/08	ID#	James McCollester 31505 Dobney Avenue Silver City, IA 51571		\$150.00	
4/3/08	ID# CK#	Thomas Kennedy PO Box 27844 Ralston, NE 68127		\$500.00	
4/24/08	ID# CK#	LeVon McCollester 53002 293rd Street Silver City, IA 51571		\$100.00	
5/3/08	ID# CK#	Larry Zanders 60565 325th Street Malvern, IA 51551-5073	Cousin	\$25.00	
5/3/08	ID# CK#	C. Colleen Williams 1319 120th Street Emerson, IA 51533		\$20.00	
5/6/08	ID# CK#	Robert K. Fryzek 14 North Walnut Street Glenwood, IA 51534		\$100.00	
			SUB-TOTAL	\$ 2245.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2 (for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

Reset Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	1	CK THIS BOX IF
Osler for Sheriff Committee	AWILI	ADING FORM
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
5/6/08	ID# CK#	Robert Moore 55673 350th Street Hastings, IA 51540		\$25.00	INCOME
5/6/08	ID# CK#	B & J Mowing Service 55673 350th Street Hastings, IA 51540		\$25.00	
5/7/08	ID# CK#	Donald Hendricks 108 North Street Carson, IA 51525		\$25.00	
5/7/08	ID# CK#	Norman Smith 513 Iowa Avenue Council Bluffs, IA 51503	Uncle	\$40.00	
5/8/08	ID#	Alan C. Burdic 806 Kearney Avenue Malvern, IA 51551		\$100.00	
5/10/08	ID# CK#	Ladeane Casey 5939 East Hummingbird Lane Paradise Valley, AZ 85253		\$25.00	
5/10/08	ID# CK#	Norris Buckingham 42455 Chestnut Road Carson, IA 51525		\$25.00	
5/12/08	ID# CK#	Jay Burdic 601 Marion Avenue Malvern, IA 51551		\$100.00	
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	\$ 365.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2 (for Schedule A)

2610.00

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

Reset Form

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of	of Organization)
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Osler for Sheriff Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/12/08	ID# CK#EFT	Main Street Checks c/o Malvern Trust & Savings Bank PO Box 120, Malvern, IA 51551	Campaign Checks- note- directly taken from checking account, no check number-EFT	\$ 8.06
3/22/08	ID# CK# ₁₀₀₀	Joe Designer, Incorporated 427 Sharp Street Glenwood, IA 51534	Campaign yard signs	\$1,436.21
1 /1/08	ID# CK# 1001	Malvern Leader 108 West 4th Street Malvern, IA 51551	Campaign ads in local newspaper	\$137.75
4/1/08	ID# CK# ₁₀₀₂	Glenwood Opinion-Tribune 116 South Walnut Glenwood, IA 51534	Campaign ads in local newspaper	\$447.53
5/7/08	ID# CK# ₁₀₀₃	Malvern Leader 108 West 4th Street Malvern, IA 51551	Campaign ads in local newspaper	\$137.75
5/9/08	ID# CK# ₁₀₀₄	Glenwood Opinion-Tribune 116 South Walnut Glenwood, IA 51534	Campaign ads in local newspaper	\$447.53
5/9/08	ID# CK# ₁₀₀₅	Mike Osler 29325 Dobney Avenue Silver City, IA 51571	Re-imburse canidate for campaign expenses for signs, and mailers. Paint, brushes, envelopes	\$187.25
5/14/08	ID# CK# 1006	Chad McCollester 53469 275th Street Silver City, IA 51571	Re-imburse treasurer for campaign expenses for brochures. 2 reams of brochure paper.	\$22.88
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 2824.96

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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FOR INSTRUCTIONS, SEE BACK OF FORM		SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)		(Rev. 06/97)	IN-KIND CONTRIBUTIONS
Osler for Sheriff Committee			
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DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
4/21/08	Chad McCollester 53469 275th Street Silver City, IA 51571		Brochure Printing	\$ 50.00	
			SUB-TOTAL	\$	
			TOTAL (if last page of this schedule)	\$ 50.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

DMMITTEE NAM	E(Must be same as on Statement of Organization)		F
sler for Sheriff			(Rev. 02/08)
TE: This sched	ule reports money loaned to the committee which is deposited in	the committee account.	CHECK T
	DANS FROM <u>LAST</u> REPORTING PERIOD \$	0	AMENDING
ARTI - MONETA (Original	RY LOANS RECEIVED THIS REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is	involved. Include loans from candida	ite's personal fu
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF
2/11/08	Mike Osler 29325 Dobney Avenue Silver City, IA 51571	Self	^{\$} 1000
			1
ART II - MONET	ARY LOAN REPAYMENTS MADE THIS REPORTING PERIO	TOTAL (PART I)	\$ 1000.00
ART II - MONET (Loans I DATE PAID (MM/DD/YR)	FARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIO Forgiven must be reported on Schedule E – In-kind Contributions NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	D.	AMOUNT RE
(Loans i	orgiven must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	D (S.)	
(Loans i	orgiven must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	D (S.)	AMOUNT RE
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(Loans i	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable) H REPAYMENTS (PART II)	\$